

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-873)

SERIAL NO.  
9/045732

FILING DATE

FILED 1-24-07

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4				1		
5	1		1			
6	1		1			
7	1		1			
8				1		
9		2		2		
10	1		1			
11	1		1			
12	1		1			
13		3		3		
14	1		1			
15	1		1	3		
16	1		1			
17						
18						
19	1		1			
20			1			
21				1		
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49						
50						
TOTAL IND.	13		11			
TOTAL DEP.	9		14			
TOTAL CLAIMS	22		25			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL CLAIMS						